

Health, Welfare & Public Service
 300
 1-1886
 All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

26007
 STATE FILE NUMBER 5552

FILED JUL 16 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5552

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			c. CITY OR TOWN St. Louis		b. COUNTY St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony's Hospital			d. STREET ADDRESS 5619 Willard		(If outside, give location) St. Louis
3. NAME OF DECEASED (Type or print) First Sarepta Middle Christman Last Christman			4. DATE OF DEATH Month June Day 11 Year 1957		
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb 28, 1889	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St Louis Mo	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Theodore Austria			14. MOTHER'S MAIDEN NAME Mary Belleville		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Address Walter Christman 5619 Willard	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) arteriosclerotic heart disease generalized arterio-sclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 4200 DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Bowel obstruction due to a ventral hernia					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 6-8-57 to 6-11-57 and last saw ^{her} him alive on 6-11-57 Death occurred at 8:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Joseph E. Jon Kaenel MD			22b. ADDRESS 634 N. Grand		22c. DATE SIGNED 6/12/57
23a. BURIAL, CREMATION, REBURYAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Burial	6/14/57	N St Marcus Cem.		St Louis Mo	
24. FUNERAL DIRECTOR ADDRESS J L Ziegenhein & Sons 7027 Gravois			25. DATE RECD. BY LOCAL REG. JUN 14 '57	26. REGISTRAR'S SIGNATURE J. Carl Smith MD <i>m j c</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

No. 387
 St. Anthony's Hospital
 St. Louis, Mo.
 June 11, 1957
 Female
 White
 At home
 Theobald, Virginia
 No. 387
 St. Louis, Mo.
 Mrs. Theobald, Virginia
 No. 387
 St. Louis, Mo.
 Mrs. Theobald, Virginia

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
 Signature of Student Embalmer

Signed G. P. Kidwell
 Licensed Embalmer No. 387

P. O. Address 7027 Gr

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).
 If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
 If this body is not embalmed, fact should be stated above.